Approved for use through 7/31/2006. OMB 0651-0032
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at to a collection of information unless it disclose a valid OMB control cumber.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Physication or Oocket Number											
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) SMALL EI								NTITY	OTHER THAN OR SMALL ENTITY		
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						_	5	OR		s	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		•		x s=		OR	x s=	
INDEPENDENT CLAIMS (37 OFR 1.16(b))		AS	minus 3 =				x \$=		OŘ	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5=		OR	+ 5=			
* If the difference in column 1 is less than zero, enter **O* in column 2.						•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
1 1	(Calumn 1) (Calumn 2) (Calumn 3)					SMALL E	ENTITY /	OR		THAN ENTITY	
AMENDMENT A	1.01.0	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	PODI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID FOR	=	1		FEE			FEE
	(37 CFR 1.18(c)) Independent		Minus	<u> </u>	=		ו		OR	× s=	
	(37 CFR 1.18(b))				<u> </u>	l	X \$ =	•	OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s_ =		OR	+s =		
							ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2) HIGHEST	(Column 3)	1 !					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.18(c))	. 9	Minus	K	∇		* s=		OR	x s=	
EN	Independent (37 CFR 1.16(b))	• /	Minus	" 5	•		x \$=		OR	x s=	
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+5=		OR	+ \$=	
· · · · · · · · · · · · · · · · · · ·						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total (37 CFR 1,18(c))	•	Minus	**	=		x s=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	40.	3		x \$=		OR	x s =	
₩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ 5 =	
TOTAL ADD'L FEE									OR	TOTAL ADD'L FEE	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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